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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9711

SERIAL NUMBER 10/702,447	FILING DATE 11/07/2003  RULE	CLASS 602	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. INGI3002/JEK/JJC
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/424,321 11/07/2002 *ok**FHD*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE**FHD*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ICELAND	SHEETS DRAWING 6	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>FHD</i> Examiner's Signature _____ Initials _____				

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## TITLE

Ankle-foot orthosis

FILING FEE  RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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